

09/506 432

Best Available Copy

new APP.

54	34
10	7

205
-----

790
-----

9-5-00

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	DATE
Total (37 CFR 1.166b)	54	34	
Independent (37 CFR 1.166b)	10	7	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

*no changes*

RATE	ADDITIONAL FEE
9	
44	
150	
TOTAL	

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL	

11-26-02

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	DATE
Total (37 CFR 1.166b)	54	54	
Independent (37 CFR 1.166b)	10	10	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
9	
44	
150	
TOTAL	

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL	

4-14-03

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	DATE
Total (37 CFR 1.166b)	54	54	
Independent (37 CFR 1.166b)	10	10	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

*no changes*

RATE	ADDITIONAL FEE
9	
44	
150	
TOTAL	

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL	

\* If the entry in column 1 is less than the entry in column 2, write in the "Highest Number Previously Paid For" in THIS SPACE.  
 \*\* If the "Highest Number Previously Paid For" is less than the "Highest Number Previously Paid For" of the Independent Claim, write in the "Highest Number Previously Paid For" of the Independent Claim.  
 Burden Hour Statement: The fee for this statement is \$100.00. Any comments on the amount of fee should be sent to the Office of the Patent Fee Administrator, Washington, DC 20540-6000.

09/50432

NO SUCH AMNT IN MADRAS, IT IS IN PALM

10-3003

5-7-04

11-5-04

AF

PAID TO THE VENDOR FOR THE DEPARTMENT OF

215

990

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	DATE
Total (37 CFR 1.164b)	30	54	Φ
Independent (37 CFR 1.164b)	3	10	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

PAY	ADDITIONAL FEE
9	
44	
150	
TOTAL	

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	DATE
Total (37 CFR 1.164b)	25	54	Φ
Independent (37 CFR 1.164b)	3	10	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

PAY	ADDITIONAL FEE
9	
44	
150	
TOTAL	

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	DATE
Total (37 CFR 1.164b)	25	54	X
Independent (37 CFR 1.164b)	3	10	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

PAY	ADDITIONAL FEE
9	
44	
150	
TOTAL	

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL	

If the entry in column 1 is less than the entry in column 2, write "X" in column 4.  
 If the "Highest Number Previously Paid For" is in this space, write "X" in column 4.  
 If the "Highest Number Previously Paid For" is in this space, write "X" in column 4.  
 The "Highest Number Previously Paid For" is in this space, write "X" in column 4.  
 Burden Hour Statement: The total number of hours spent on this claim is \_\_\_\_\_.  
 Any comments on the amount of time spent on this claim should be included here.  
 Office: Washington, DC 20541-0001

0950g 432

Blank box for additional information or signature.

Blank box for additional information or signature.

Blank box for additional information or signature.

2-8-05

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	TOTAL	
	Total (37 CFR 1.16(c))		54		X
	Independent (37 CFR 1.16(b))		16		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

PAY	ADDITIONAL FEE
9	
44	
150	
TOTAL	

PAY	ADDITIONAL FEE
18	
88	
300	
TOTAL	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	TOTAL	
	Total (37 CFR 1.16(c))				a
	Independent (37 CFR 1.16(b))				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

PAY	ADDITIONAL FEE
9	
44	
150	
TOTAL	

PAY	ADDITIONAL FEE
18	
88	
300	
TOTAL	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	TOTAL	
	Total (37 CFR 1.16(c))				
	Independent (37 CFR 1.16(b))				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

PAY	ADDITIONAL FEE
9	
44	
150	
TOTAL	

PAY	ADDITIONAL FEE
18	
88	
300	
TOTAL	

\* If the entry in column 1 is less than the entry in column 2, write  
 \*\* If the "Highest Number Previously Paid For" IS THIS SPACE  
 \*\*\* If the "Highest Number Previously Paid For" IS THIS SPACE  
 The "Highest Number Previously Paid For" is Total or Independent  
 Burden Hour Statement: This form is to be completed by the applicant  
 Any comments on the amount of fee should be reported to  
 Patent and Trademark Office, Washington, DC 20590